

## **HAWAII STATE ETHICS COMMISSION**

1001 BISHOP STREET, PACIFIC TOWER 970 P.O. BOX 616, HONOLULU, HAWAII 96809 TEL: 587-0460 FAX: 587-0470 email: ethics@hawaiiethics.org

THIS SP	ACE	FOR	OFFICE	USE	ONL	Y.

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STATE OF HARAII STATE ETHICS COMMISSION

## LOBBYIST REGISTRATION FORM

(Type or Print Clearly)

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PART I LOBBYIST				
NAME(Last)	(First)	(Middle)	TELEPHONE	
RADCLIFFE	JOHN	н.	808/531-4551	
MAILING ADDRESS (Street)			FAX	
222 SOUTH VINEYARD STREET, SUITE		808/533-4601		
(City)	(State)	(Zip (	(Zip Code)	
HONOLULU	HAWAII	96813-2	96813-2453	
EMPLOYING ORGANIZATION (Fill in only if you are employed by a business entity which has been retained to lobby			TELEPHONE	
CAPITOL CONSULTANTS OF HAWAII		808/531-4551		
MAILING ADDRESS (Street)			FAX	
222 SOUTH VINEYARD STREET, SUITE 401			808/533-4601	
(City)	(State)	(Zip (	Code)	
HONOLULU	HAWAII	96813-2453		

PART II ORGANIZ	ATION		
NAME OF ORGANIZATIO	TELEPHONE 310-391-6440		
UNIDEV, LLC.			
MAILING ADDRESS (Stre	FAX 310-391-6671		
3415 S. SEPULVEDA BLV	/D., SUITE 875		
(City)	(State)	(Zip Code)	
LOS ANGELES	CA	90034	
NAME OF PERSON RESPON	NSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURE	ES STATEMENT TELEPHONE 808-531-4551	
MELODY BUTAY DACAN	AY		
MAILING ADDRESS (Stre	et)	FAX 808-533-4601	
222 SOUTH VINEYARD S	TREET, SUITE 401		

(City)	(State)	(Zip Code)				
HONOLULU	HI 96813-2453		2453			
PART III DESCRIPTION O	OF SUBJECTS UPON WHICH	YOU EXPECT TO LOBBY				
<ul> <li>[ ] Agriculture</li> <li>[ ] Communications &amp; Public Utilities</li> <li>[ ] Consumer Protection &amp; Commerce</li> <li>[ ] Culture, Arts, Historic Preservation</li> <li>[ ] Ecology, Energy Environmental Protection</li> </ul>	[ ] Education [ ] Government Operations & Finance [ ] Hawaiian Affairs [ ] Health [ X ] Housing	<ol> <li>Human Services</li> <li>Intergovernmental Relations, International Affairs</li> <li>Labor &amp; Employment</li> <li>Planning, Land &amp; Water Use Management</li> <li>Public Safety &amp; Corrections</li> </ol>	Science, Technology & Economic Development  Tourism & Recreation  Transportation  Other: (indicate below)			
PART IV CERTIFICATION		4 4 4 6 4 6 4 6 4 6 4 6 4 6 4 6 4 6 4 6				
r nereby certify that the	iniormation lumished above is	s, to the best of nly knowledge,	3/21/05			
	(Signature of Lobby st)		(Date)			
		<b>,</b>				
PART V AUTHORIZATIO	N TO LOBBY					
NAME		TITLE OF AUTHORIZING OFFICE	R OR PERSON REPRESENTED			
JEFF MINTER		EXECUTIVE VICE PRESI	DENT			
NAME OF ORGANIZATION (if app	licable)	TE	LEPHONE 310-391-6440			
UNIDEV, LLC						
MAILING ADDRESS (Street)		FA	X 310-391-6671			
3415 S. SEPULVEDA BLVD., SUITE 875						
(City)	(State)	(Zip Code	)			
LOS ANGELES	CA 900					
I hereby authorize the above - named person to engage in lobbying activities on behalf of the undersigned.    Signature of Authorizing Officer or Person Represented) (Date)						